

## State of Washingtoner RECEIVED Application for a Water Right Please follow the attached instructions to avoid unnecessary delays. 51

For Ecolog	gy Use
Fee Paid _	
Date	

Section	1. APPL	ICANT -	PERSON	, ORGA	NIZATIO	on, or	WAT	ER SYS	ГЕМ
Name <u>City of Fife</u>				Home Tel: () - NOT APPLICABLE					
Mailing Ad	dress_5411 2	3 <sup>rd</sup> St East_			Worl	k Tel: <u>(253</u> )	)_922 - 9	9315	_
City <u>Fife</u>		Sta	te <u>WA</u> Zij	p+4_ <u>98424</u>	+F	FAX: ( <u>253</u> )	<u>922 – 5</u>	355	_
	2. CONT		ERSON 7	TO CALI	L ABOUT	T THE A	PPLI	CATIO	N
Name R	uss Blount, I	Director of F	ublic Works	3	Но	me Tel:(	)	NOT A	APPLICABLE
Mailing Ad	dress_5411	23 <sup>rd</sup> St East_			W	/ork Tel:( <u>2:</u>	53)_922	- 2489 ext	34
City Fife_		Sta	te <u>WA</u> Zij	p+4_98424_	+	FAX:( <u>25</u>	53)_922	- <u>5355</u>	
Relationship	to applican	tDirector	of Public W	orks			***************************************		
Section	3. STAT	EMENT	OF INTE	ENT					
of Muni "LEGAL" number is n Estimate a r	cipal Water of DESCRIPT of sufficient.  naximum and the sufficient of the water of	Supply ION OF TI Service are mual quantity use is propo	HE PLACE ea as define to be used to be a sh to	OF USE. (§ d in current in acre-feet p	See instruct Water Sys per year:	tions.) NO stem Plan ( 1200 acre	TE: A ta	. AT' x parcel nu	r the purpose(s)  TACH A  umber or a plat  vater will be needed
If SURFA	CE WATE	R			If GROUI	NDWATE	R		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:  Number of diversions:				A permit is desired for <u>1 or more</u> well(s).					
Source flows into (name of body of water):					Size & depth of well(s): Estimated 16-inch to 650 ft				
LOCATIO	ON								
				es in feet fro be determi	-	nt of divers	sion or v	vithdrawa	l to the nearest
% of % of Section Township R		Range(E/W)	Co	ounty	If location of source is platted, complete below:				
					X 4		Lot	Block	Subdivision
SW	NE	17	20 N	04 E	Pierce				
	A								
For Ecology U SEPA: Exemp		FERC Licens			ity Date: Dept. Of	`Health #	<b>B</b> y	WRIA:	10

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION		
A.	Name of system, if named: Fife City Water		
B.	Briefly describe your proposed water system. (See instructions.)  Per attached Water System Plan		
C.	Do you already have any water rights or claims associated with this property or system?	<b>X</b> YES	NO
	PROVIDE DOCUMENTATION. Per attached Water System Plan		
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORM	ATION	
(C	ompleted for all domestic/public supply uses.)		
A.	Number of "connections" requested: Per System Plan Type of connection Municipal cus	tomers	
B.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water systems as County Health Department. City of Fife is the regional purveyor	X YES	] NO
Con	nplete C. and D. only if the proposed water system will have fifteen or more co	onnections.	
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved?  Please attach the current approved version	X YES	] NO
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version		] NO
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION		
(Co	omplete for all irrigation and agriculture uses.)		
A.	Total number of acres to be irrigated:		
B.	List total number of acres for other specified agricultural uses:		
	UseAcres		
	UseAcres UseAcres		
	UseAcres		
C.	Total number of acres to be covered by this application:		
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).	237, Laws of 2	(001)
	<ol> <li>Is the combined acreage greater than 6000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?         If yes, enter permit no:     </li> </ol>	□ YES □ YES □	
E.	Farm uses:  Stockwater - Total # of animals Animal type (If dairy cattle	, see below)	



Section	8	WA	TER	STOR	ACE
Section	U.				

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES X NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Take I-5 North to Exit 137 (Fife - 54<sup>th</sup> Street) south, proceed ½ Mile to Valley Road East and turn left (east), Proceed approximately 2.5 miles east on Valley Road to Freeman Road, Turn left (north) on Freeman road, property is less than 0.1 mi on the left side of the road (3820 Freeman Rd E, Holt Drilling)

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Maps contained in attached Water System Plan

## Section 11. PROPERTY OWNERSHIP

Landowner for place of use (if same as applicant, write "same")

A.	Does the applicant own the land on which the water will be used. If no, explain the applicant's interest in the place of use and pro-		☐ YES X NO of the owner(s):
	REGIONAL PURVEYOR		
B.	Does the applicant own the land on which the water source is lo If no, submit a copy of agreement:  Agreement with Holt Drilling pending  fy that the information above is true and accurate to the best		☐ YES X NO
to pro monit	cess my application, I grant staff from the Department of Eco oring purposes. Even though I may have been assisted in the yees of the Department of Ecology, all responsibility for the a	ology access to the site for inspec preparation of the above applica	tion and ation by the
Applic	ant (or authorized representative)	5/17/05 Date	



Date

Ve are returning your application for the following r	reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)ncomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested (d		oplication by
	,	
cology staff	Date	

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).